

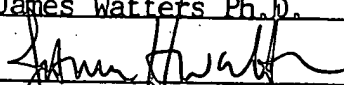
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 1819/100053
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Rochester Institute of Technology</u> and the title of my position with said assignee is: <u>V.P., Finance & Administration</u> The entire title to the patent identified below is vested in said assignee.		
Inventor Bruce W. Smith		Citizenship U.S.A.
Residence/Mailing Address 558 Ridge Road, Webster, NY 14580		
Inventor		Citizenship
Residence/Mailing Address		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number 6,368,755		Date of Patent Issued 4-9-2002
Title of Invention MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW 180 NM		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW 180 NM		
the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number ____ / ____ and was amended on _____ (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input checked="" type="checkbox"/> by reason of other errors.		

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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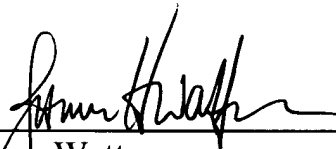
REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 1819/100053	
<p>At least one error upon which reissue is based is described as follows:</p> <p>Claim 1 in the above-identified patent recites, "A mask for use on a layer of imaging material ..." and claim 8 recites, "a layer of masking material ... on at least a portion of the layer of imaging material." This is incorrect because the mask 10 is on the substrate 16, not the imaging material (i.e., photoresist) 14, as show at FIG. 10 in the patent.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <p style="text-align: center;">Name(s) Registration Number See Attached Appendix</p>			
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input type="checkbox"/> Customer Number → Place Customer Number Bar Code Label Here</p> <p style="text-align: center;">OR Type Customer Number Here</p>			
<input checked="" type="checkbox"/> Firm or Individual Name	Gunnar G. Leinberg, Esq.		
Address	Nixon Peabody LLP		
Address	P.O. Box 31051		
City	Rochester	State	NY Zip 14603
Country	U.S.A.		
Telephone	585/263-1014	Fax	585/263-1600
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of person signing (given name, family name)			
James Watters Ph.D.			
Signature			Date Oct 2, 2003
Address of Assignee 54 Lomb Memorial Drive Rochester, New York 14623-5604			

Appendix

Reissue Application Serial No.: To Be Assigned
Docket No.: 1819/100053
Patent No.: 6,368,755
Granted: 4/09/2002
MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW 180 NM

Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Noreen L. Connolly, Registration No. 48,987; John Campa, Registration No. 49,014; and David J. Cutitta, Registration No. P52,790.

Date: Oct 2, 2007



James Watters
V.P., Finance & Administration

Address of Assignee:

Rochester Institute of Technology
54 Lomb Memorial Drive
Rochester, New York 14623-5604

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Bruce W. SmithApplication No./Patent No.: 6,368,755 Filed/Issue Date: 4/9/2002Entitled: MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW 180 NM

Rochester Institute of a University
 (Name of Assignee) Technology (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
 The extent (by percentage) of its ownership interest is _____ %
 in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010585, Frame 0012, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

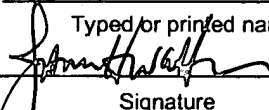
1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.
 [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Oct 2, 2003
 Date
585/475-2378
 Telephone number

James Watters, Ph.D.
 Typed or printed name

 Signature

V.P., Finance & Administration
 Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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